treatment. **CONCLUSIONS:** Inclusion of a novel IBS diagnostic blood panel in the diagnostic pathway has the potential for significant cost savings due to the avoidance of unnecessary testing.

PMD33

INCLUSION OF A NOVEL IBS BLOOD PANEL FOR DIAGNOSING DIARRHEA PREDOMINANT IRRITABLE BOWEL SYNDROME (IBS-D): A UK PERSPECTIVE

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OBJECTIVES: UK guidelines for the diagnosis of IBS in patients who meet diagnostic criteria include FBC, ESR, C - reactive protein and testing for coeliac disease to exclude other diseases. Despite these recommendations, referral for procedures such as flexible sigmoidoscopy, colonoscopy and ultrasound scanning continue and in the majority of this patient group, are considered to be unnecessary, subsequently placing an increased cost burden to National Health Services (NHS). A novel IBS diagnostic blood panel has been developed which tests for the presence of two biomarkers associated with IBS-D. This analysis estimates the potential cost impact to the NHS by introducing this test into the diagnostic pathway of IBS. **METHODS:** Budget impact was based on a cost-minimization model to compare the costs associated with two possible diagnostic pathways: (1) with a novel IBS diagnostic blood panel and (2) exclusionary pathway and applied to the UK population 18-65yrs old. Model structure was based on current literature/ guidance from IBS expert. Direct medical expenses include, labs, diagnostic procedures, visits in £ and weighted by utilization provided by a practicing gastroenterologist in the UK. **RESULTS:** Gastroscopy, flexible sigmoidoscopy, and colonoscopy were the most common diagnostic (instrumental) procedures reported with estimated utilization rates of 55%, 55% and 35%, respectively. Corresponding charges were £200, £400 and £400, respectively. Net savings in the base case of £57 favored the IBS diagnostic blood panel pathway (assumes 75% of test positive patients receive IBS-D treatment) vs the exclusionary pathway. If clinicians use the test 50% of the time for the 30% of the estimated 446,382 people who might have IBS-D who seek treatment, net potential savings to NHS is £12,721,891. **CONCLUSIONS:** Inclusion of a novel IBS diagnostic blood panel in the diagnostic pathway has the potential for significant cost savings due to the avoidance of unnecessary testing.

PMD34

A NOVEL IBS DIAGNOSTIC BLOOD PANEL CAN ENHANCE A POSITIVE DIAGNOSTIC STRATEGY VERSUS A STRATEGY OF EXCLUSION FOR PATIENTS WITH DIARRHEA PREDOMINANT IRRITABLE BOWEL SYNDROME (IBS-D): COST IMPLICATIONS FOR DENMARK

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OBJECTIVES: Current guidelines recommend a positive strategy based on symptom criteria without alarm features vs diagnostic exclusion which includes several laboratory and diagnostics procedures to exclude other organic conditions. A novel IBS diagnostic blood panel tests for the presence of two biomarkers associated with IBS-D which can complement the positive strategy. This analysis assesses the cost impact to the Danish healthcare system by introducing this test into the diagnostic pathway. **METHODS:** A budget impact model was based on a cost-minimization decision model developed to compare the costs associated with two possible diagnostic pathways: (1) diagnostic pathway with a novel IBS diagnostic blood panel and (2) exclusionary diagnostic pathway and applied to the Danish population 18-65yrs old. Model structure was based on current literature and guidance from IBS expert clinicians. Direct medical expenses for laboratory tests, diagnostic procedures and visit costs were included in Danish Krone and weighted by utilization rates estimated by a practicing gastroenterologist in Denmark. Indirect cost only included time off work based on a published Danish study. **RESULTS:** Sigmoidoscopy, colonoscopy and SBFT were the most common diagnostic procedures reported with estimated utilization rates of 35%, 35% and 15%, respectively. Corresponding charges were kr4819, kr4819 and kr1861, respectively. Estimated total base case charges for the IBS diagnostic blood panel pathway (assumes 75% of test positive patients receive IBS-D treatment) vs the exclusionary pathway were kr11,237 vs kr12,284, respectively. If clinicians use the test 50% of the time for the 30% of the estimated 57,490 people who might have IBS-D who seek treatment, net savings to the Danish healthcare system is kr30,095,980. Cost neutrality occurs if 37% of the "test positive" patients seek IBS treatment. **CONCLUSIONS:** This economic evaluation indicates that a positive strategy may be further enhanced with a novel IBS diagnostic blood panel leading to significant cost savings.

PMD35

COST-MINIMIZATION FOR A NOVEL IBS DIAGNOSTIC BLOOD PANEL VERSUS STANDARD EXCLUSIONARY DIAGNOSTIC TESTING FOR DIARRHEA PREDOMINANT IRRITABLE BOWEL SYNDROME: A UNITED STATES PERSPECTIVE

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OBJECTIVES: The diagnosis of diarrhea predominant irritable bowel syndrome (IBS-D) is based on clinical presentation and several laboratory and diagnostic procedures to exclude other organic conditions. A novel IBS diagnostic blood panel has been developed which tests for the presence of two biomarkers associated with IBS-D. This study assesses the cost implications associated with introducing this test into the diagnostic pathway. **METHODS:** A cost-minimization (CM) decision tree model was constructed to compare the costs associated with two possible diagnostic pathways: (1) diagnostic pathway with novel IBS diagnostic blood panel and (2) exclusionary diagnostic pathway (i.e. standard of care). Model structure was based on current literature and guidance from IBS expert clinicians. Costs for resources were derived from public sources. One and two-way sensitivity analyses were performed for key input variables. Budget impact analysis extrapolates results of the (CM), using prevalence data, to a health plan with 1 million covered lives. An alternate time-dependent model addresses the impact associated with the sequencing of diagnostic tests. **RESULTS:** The CM model predicts a base-case savings of $280 per patient for the diagnostic pathway that includes the novel IBS diagnostic blood panel. Sensitivity analyses predict a range of cost savings of $120 - $439. Budget impact analysis predicts a base case savings of $1,080,232 to the plan or $0.09 on a per member per month basis for the diagnostic pathway with the novel IBS diagnostic blood panel. The time dependent model indicates that the potential cost savings associated with the novel IBS blood test are attenuated over time. **CONCLUSIONS:** Current literature suggests that extensive diagnostic testing to diagnose IBS is not necessary. This economic evaluation indicates that the inclusion of a novel IBS diagnostic blood panel in the diagnostic process has the potential for significant cost savings due to the avoidance of unnecessary testing.

PMD36

IMPACT OF A NOVEL IBS DIAGNOSTIC BLOOD PANEL FOR MEXICO: COST IMPLICATIONS TO THE MEXICAN PRIVATE PRACTICE FOR DIARRHEA PREDOMINANT IRRITABLE BOWEL SYNDROME (IBS-D)

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OBJECTIVES: Irritable bowel syndrome presents a significant burden to patients and to the healthcare system in Mexico. An IBS diagnosis is based on Rome criteria; however, laboratory tests and diagnostic procedures are required to exclude organic conditions such as inflammatory bowel disease (IBD). A new IBS diagnostic blood panel has been developed which tests for the presence of two biomarkers associated with IBS-D. This analysis assesses the cost impact to the Mexican private practice. **METHODS:** Budget impact analysis (BIA) was based on a cost-minimization (CM) decision model developed to compare the costs associated with two possible diagnostic pathways: (1) diagnostic pathway with a new IBS diagnostic blood panel and (2) exclusionary diagnostic pathway (i.e. standard of care) and applied to the Mexican population. Model structure was based on current literature and guidance from IBS expert clinicians. Direct medical expenses for laboratory tests, diagnostic procedures and visit costs were included in Mexican pesos and weighted by utilization rates provided by practicing gastroenterologists in private practice in Mexico. The indirect cost estimate was based on the literature and only included absenteeism, adjusted for per capita income. The base case assumes that 75% of patients who receive a positive test result will proceed to IBS-D treatment. For the BIA, it is assumed that 30% of IBS-D patients will seek care, and clinicians use the test for 50% of patients presenting with IBS-D symptoms. **RESULTS:** The CM model predicts per patient savings with the IBS diagnostic panel of Mex$1,688 (Mex$35,019 vs. Mex$36,707). Cost neutrality occurs if 44% of the "positive test" patients receive IBS-D treatment. The BIA predicts a net savings to the Mexican healthcare system of Mex$794,158,235. **CONCLUSIONS:** Inclusion of a novel IBS diagnostic blood panel in the diagnostic process has the potential for significant cost savings due to the avoidance of downstream testing.

PMD37

THE POTENTIAL FOR IMPROVED INHALATION TECHNIQUE WITH DUORESP® SPIROMAX® (BUDESONIDE + FORMOTEROL FUMARATE DIHYDRATE) COMPARED WITH COMMONLY PRESCRIBED DRY POWDER INHALERS FOR THE MANAGEMENT OF ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE IN SPAIN: ESTIMATED IMPACT ON NUMBER AND COST OF UNSCHEDULED HEALTHCARE EVENTS

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OBJECTIVES: DuoResp® Spiromax® (budesonide + formoterol fumarate dihydrate) is a fixed-dose combination (FDC) of inhaled corticosteroid (ICS) + long-acting beta agonist (LABA) in a novel dry powder inhaler (DPI). A five year economic model was developed from a healthcare payer perspective to assess the impact of potentially improved inhalation technique on unscheduled healthcare events and costs, when switching adult patients with persistent asthma and chronic obstructive pulmonary disease (COPD) from market-leading DPIs in Spain – Symbicort® Turbuhaler® and Seretide® Accuhaler® – to DuoResp® Spiromax®. **METHODS:** The eligible patient population was estimated from current confirmed Spanish asthma and COPD diagnosis rates, with the proportion receiving FDCs based on market research data. Costs of unscheduled healthcare events were taken from publicly available Spanish sources. The frequency of poor inhalation technique with the market-leading DPIs, and the associated increased risk of unscheduled healthcare events, were taken from a large (n=1,664) cross-sectional Italian study. The hypothetical reduction in poor inhalation technique with DuoResp® Spiromax® was an assumption based on the novel attributes of the Spiromax® inhaler. **RESULTS:** The model estimated that 266,657 adult patients used Symbicort® Turbuhaler® and 296,905 Seretide® Accuhaler® – and were therefore eligible to receive DuoResp® Spiromax® – annually, with 115,996 (43.5%) and 102,432 (34.5%) exhibiting poor inhalation technique, respectively. The total cost of unscheduled healthcare events associated with poor inhalation technique was estimated to be €11.54 million annually. Assuming a hypothetical uptake of DuoResp® Spiromax® increasing from 6% in year 1 to 18% in year 4 and 5, an estimated 51,633 unscheduled healthcare events were avoided due to the predicted improvement in inhalation technique with DuoResp® Spiromax® compared with other DPIs, resulting in cost savings totalling €4.79 million over five years. **CONCLUSIONS:** Introducing DuoResp® Spiromax® may reduce the occurrence of unscheduled healthcare events compared with market-leading DPIs, potentially resulting in cost savings.

PMD38

DO NOT OVERLOOK YOUR COUNTRY-SPECIFIC CHARACTERISTICS: THE CASE OF BAROREFLEX ACTIVATION THERAPY (BAT) FOR THE TREATMENT OF RESISTANT HYPERTENSION

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OBJECTIVES: To assess clinical effectiveness, cost-effectiveness, and budget impact of Baroreflex Activation Therpay (BAT) in comparison with optimal medical treatment from a hospital and societal perspective in Spain. **METHODS:** Clinical effectiveness analysis was based on studies collected from medical databases and grey literature. Cost effectiveness and budget impact analysis was based on a Markov model using epidemiological data, risk functions and clinical management in Spain. **RESULTS:** In a simulated cohort of 55-year-old non-smoker Spanish patients with resistant hypertension, BAT significantly reduced the number of heart attacks, heart failures, strokes, end-of-stage renal disease and liver transplantations. BAT produced 0.78 additional quality-adjusted life years with an incremental societal cost of 50.400€. The resulting incremental cost-effectiveness ratio (65.000€ per QALY) was substantially larger than the one estimated for the Northern European population (7.800€ per QALY). Qualitative results were robust to all-parameter variations. **CONCLUSIONS:** Local health characteristics –both, epidemiological data and clinical management– have a large weight on cost-effectiveness results.

PMD39

ONE-YEAR COST-COMPARISON ANALYSIS OF ABSORB™ EVEROLIMUS ELUTING BIORESORBABLE VASCULAR SCAFFOLD AND XIENCE™ EVEROLIMUS ELUTING STENT: BASED ON FINDINGS FROM ABSORB II

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OBJECTIVES: The objective of this study was to compare the one-year costs related to cardiac adverse events post-index procedure discharge of Absorb and Xience. **METHODS:** Using resource use data from ABSORB II, which comprised of 501 patients randomized 2:1, one-year cardiac-related adverse event costs were calculated for the Absorb and Xience groups in 5 countries (France, Germany, Italy, The Netherlands, and Spain). Unit costs from the perspective of the health system were taken from publicly available data sources (2014 level). Costs were calculated by lipid control and diabetic status, both at baseline. Resource use categories included hospital admissions, outpatient visits, and cardiac diagnostic tests. **RESULTS:** Mean country costs ranged between 1,140-1,880 Euros for Absorb and between 1,310-2,420 Euros for Xience. Mean country-specific per patient cost differences (Absorb minus Xience) were 170 Euros in France, 220 Euros in The Netherlands, 250 Euros in Germany, 420 Euros in Italy, and 540 Euros in Spain. Cost-savings were mainly attributable to the 1.5 unit reduction in mean number of subsequent percutaneous coronary interventions (PCIs) performed in the Absorb arm compared to the Xience group (32 versus 47 per 1,000 population for all country data combined). Regardless of lipid status (lipids <2.0 mmol/l or lipids >2.0 mmol/l) and diabetic status at baseline, cardiac-related adverse event costs were reduced with Absorb. Patients with a lipid profile >2.0 mmol/l at baseline had mean country costs that ranged between 1,240-1,930 Euros for Absorb and between 1,380-2,540 Euros for Xience. Patients with diabetes at baseline had mean country costs that ranged between 1,250-1,920 Euros for Absorb and between 1,380-3,190 Euros for Xience. **CONCLUSIONS:** These findings suggest potential short term cost-savings with Absorb compared to Xience as a result of the reduced mean number of repeat PCIs. Future research is necessary to study total direct and indirect cost and long-term costs of each intervention.

PMD40

COST SAVING ASSOCIATED WITH GLUCOSE METER ACCURACCY IN SPAIN

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OBJECTIVES: ISO 15197:2003, states that 95% of the glucose results shall fall within ±15 mg/dl for concentrations ≤75 mg/dl and within ±20% for >75 mg/dl. Some measures which may fall into the recommended thresholds would be out of the limits of good metabolic control, not permitting to adjust the therapy, increasing the complication risk, and raising the associated costs. The objective was to estimate the annual cost saving in Spain by using glucose meters with better accuracy. **METHODS:** Two samples of true and read values were created according to type 1 and 2 diabetes (T1D, T2D) Spanish population data. Proportion of readings into the recommended thresholds whose true values were out of the limits was calculated. The complication risk associated with those false readings was estimated from the clinical trials, and the cost to manage complications was calculated from public costs. Cost of strips was included to estimate the total cost. The annual cost saving was the difference between the total cost (2015 €) of all Spanish patients in the base case (accuracy level, A20%) and other scenarios (A15%, A10%, and A5%). **RESULTS:** 100% of T1D (n: 116,160) and 32.2% of T2D patients (n: 957,511) will often need glycaemic self-monitoring, with a cost around 168 mill€. Not detected hyper/hypoglycemia values were estimated: 119,302; 81,025, 55,915 and 27,332 in A20%, A15%, A10%, and A5%, respectively. Total cost was 193.94 mill€; 183.94 mill€, 178.29 mill€, and 172.98 mill€, respectively, leading a saving cost of 10.006 mill€, 15.657 mill€ and 20.960 mill€, by changing from A20% to A15%, A10% and A5% scenario. **CONCLUSIONS:** Blood glucose meters with better accuracy leads to decrease complications risk which is associated with cost savings: when meters accuracy increases from 20% to 15% and 10%, cost savings are 5.9%, 9.3%, and 12.4% on total strips cost.

PMD41

COSTS ANALYSIS OF PCR UNYVEROTM I60-ITI TECHNIQUE FOR DETECTING MICROORGANISMS IN PATIENTS WITH SUSPECTED CHRONIC INFECTION AT MUSCULOSKELETAL IMPLANTS

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OBJECTIVES: Polymerase chain reaction (PCR) techniques could provide an earlier diagnosis than traditional techniques (TT) to identify chronic infections in patients with musculoskeletal implants. The aim was to determine costs associated to microorganism's diagnosis in sonicate samples of musculoskeletal implants, comparing the addition of a PCR technique (UnyveroTM i60-ITI) to TT versus TT only. **METHODS:** A preliminary cost analysis was developed to estimate the hospital costs in patients admitted at Fundación Jimenez Diaz Hospital (May-2014 to April-2015) for musculoskeletal implant removal due to chronic infection suspect. Sonicated samples were tested for microbiological diagnosis using TT. Additionally, samples were tested using UnyveroTM i60-ITI. Medical hospitals records were reviewed for data collection: sociodemographic data; type, dosing and antibiotic treatments; and hospital length of stay (LOS). Intravenous vancomycin and ceftazidime were selected as the initial empiric treatment. Replacement to a specific antibiotic was performed after microbiological diagnosis. Total estimated costs (€, 2015) included antibiotic treatment, hospital stay (€1,006 per day) and UnyveroTM i60-ITI kits (€350 per kit) costs. **RESULTS:** Ten patients were retrieved for preliminary analysis (average age: 75.39±6.31 years; 20% men). Hip (40%) and knee (40%) were the most frequent implant sites. Average period from implant removal to final diagnosis lasted 4.60±1.35 days with TT. UnyveroTM i60-ITI diagnosis was available 24h after removal. LOS was 24.4 days for TT and 23.3 days for UnyveroTM i60-ITI added to TT. The average antibiotic treatment cost was €1,016.01 for TT and €976.84 for UnyveroTM i60-ITI added to TT. Hospital stay cost was €25,591.26 for TT and €24,361.98 for UnyveroTM i60-ITI added to TT. The use of UnyveroTM i60-ITI reduced average total costs in €840.67. **CONCLUSIONS:** UnyveroTM i60-ITI PCR for microbiological identification in musculoskeletal implants sonicated is associated to faster diagnosis and shorter hospital stays than traditional techniques only, allowing cost savings at hospital level.

PMD42

THE COST OF NUTRITION ALTERNATIVES FOR PREMATURE INFANTS IN THE NEONATAL INTENSIVE CARE UNIT IN RUSSIA

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OBJECTIVES: To perform economic evaluation of donor breast milk (DBM) (using clinical breast pump) or artificial formula (AF) for premature infants in the neonatal intensive care unit (NICU) for Russian healthcare setting. **METHODS:** We calculated the cost of providing 100 ml of DBM using clinical breast pump and 100 ml of AF for premature infants in the NICU. The total cost of providing DBM was measured as: the breast pump cost, the individual pumping set cost and staff costs. The cost of providing AF was calculated using the mean cost per 100 ml for powdered AF and staff costs. We also calculated the cost per averted case of necrotizing enterocolitis (NE) for premature infant when breastfeeding instead of the AF is used. The cost of the averted NE was obtained using the difference in cost of feeding during the period, required for NE development and number of patients "needed to treat" (NNT) to prevent 1 NE case derived from the clinical trials. Besides we calculated the DBM cost when breast milk fortifier (BMF) is added for low-weight infants. **RESULTS:** The costs per 100 ml of AF and DBM were similar (0,67 EUR and 0,77 EUR respectively). The cost per averted case of NE was 344,5 EUR within 35 days that is less than NE treatment. The difference in costs (in favor of AF) amounted to 2,87 EUR per 100 ml with the use of BMF. **CONCLUSIONS:** The cost of DBM is comparable to the cost of AF, with a significant DBM clinical benefit. The costs per averted NE within 35 days shows that DBM is acceptable from the position of Russian health care system. When calculating the costs of DBM with the use of BMF, DBM costs exceed those for AF for more than 5 times.

PMD43

COST CONSEQUENCES OF SINGLE-USE AND RE-USE OF URINARY CATHETERS AMONG PATIENTS PERFORMING DAILY INTERMITTENT CATHETERIZATION

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OBJECTIVES: The material cost for reusing intermittent urinary catheters is lower than to use single-use catheters. These cost savings are misleading since complications may increase and lower compliance to the therapy can be expected, necessitating use of the second choice therapy form with even more complications, i.e. an indwelling catheter. The purpose of this cost-comparison study was to compare single-use of coated catheters to re-use of non-coated catheters in a group of individuals performing intermittent catheterization where some of them fail their first choice therapy and switch to an indwelling catheter. **METHODS:** A 1-year Markov simulation model with monthly cycles was developed for users of daily intermittent catheterization. Individuals who used 4 catheters/day (single-use) were compared to individuals who re-used their catheters (1 catheter/day). After one month's use, 18% of the patients in the single-use group were assumed to fail their treatment and switch to indwelling catheter. The corresponding frequency in the re-use group was 35%. The model was populated with risks from the literature for complications (e.g. symptomatic UTI, UTI resistant to antibiotics, pyelonephritis, bacteremia, epididymitis, strictures, bladder stones) as well as catheter and healthcare costs for single-use, re-use and indwelling catheters, respectively. **RESULTS:** The total annual catheter cost per patient was 2188 euros (including 163 euros for indwelling catheters) in the single-use group and 817 euros (including 317 euros for indwelling catheters) in the re-use group. The total annual cost per patient for